



Payment Error Rate Measurement Program  
c/o A+ Government Solutions, Inc.  
CMS PERM Review Contractor  
1900 N. Beauregard Street, Suite 105  
Alexandria, VA 22311

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**PERM – INITIAL REQUEST FOR RECORDS**

**PERM ID:**

Provider Name:  
Provider #:  
Provider Address:  
Provider Address Line 2:  
City, State Zip Code:

**Date:**

**Please send ASAP but  
no later than the due date  
Due Date:**

Dear Medicaid Provider:

The Centers for Medicare & Medicaid Services (CMS), in partnership with the States, is measuring improper payments in the Medicaid program under the Payment Error Rate Measurement (PERM) program. You are receiving this letter today because a claim for a service you rendered has been randomly selected for review under this program. We are requesting a complete copy of the medical/supporting record pertaining to this specific claim to provide documentation that the service was medically necessary and/or paid in compliance with state policy. Your cooperation in submitting the requested documentation to us as soon as possible, but no later than the due date noted above, is essential to ensure that the claim is accurately reviewed to determine proper payment. **If you do not provide the record, the claim will be cited as an erroneous payment and your State Medicaid agency may pursue recovery of payment for this claim.**

We are requesting the medical record or other supporting documentation regarding the claim identified on the following enclosures:

- Claim Summary Sheet - Includes details regarding patient name, recipient ID, date of birth and dates of service for the claim selected.
- A bar-coded PERM cover sheet - Please submit all **relevant** documents listed on the bar-coded PERM cover sheet for the identified claim's dates of service only. Instructions for submitting requested record/documentation are also included.

CMS has the authority to collect this information under section 1902(a)(27) of the Social Security Act which requires providers to retain records necessary to disclose the extent of services provided to individuals receiving assistance and furnish CMS with information regarding any payments claimed by the provider for furnishing services. The collection and review of protected health information contained in individual-level medical records for payment review purposes, as required under this effort, complies with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Privacy Rule regulations at 45 CFR Parts 160 and 164. Additional information regarding this request as well as PERM FAQs is addressed on the CMS PERM provider website ([http://www.cms.hhs.gov/PERM/06\\_Providers.asp#TopOfPage](http://www.cms.hhs.gov/PERM/06_Providers.asp#TopOfPage)).

In order to expedite the processing of your submitted documentation, please make sure the record is received in our office, along with the bar-coded cover sheet, no later than the due date printed at the top of this letter. Should you require additional information or have questions, please call our customer service representatives at ( ) - or your State Medicaid representative, at .

Thank you for your cooperation and assistance in our efforts to ensure the integrity of the Medicaid program.

Sincerely yours,

Brad Allen, RHIA  
Medical Record Manager  
PERM Review Contractor

Enclosures